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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10572806 | <b>Applicant(s)/Patent Under Reexamination</b><br>SCHWOERER ET AL. |
|   | <b>Examiner</b><br>Jean B Corrielus        | <b>Art Unit</b><br>2611  |

| ORIGINAL           |                                   |          |     |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 375                |                                   | 354      |     |  |  | H                            | 0 | 4 | L | 7 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 375                | 316                               |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 370                | 206                               | 500      | 503 |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 18    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 17    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 18    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 19    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE   |         | <b>Total Claims Allowed:</b> |                   |
|  |         | 19                           |                   |
| (Assistant Examiner)                                 | (Date)  |                              |                   |
| /Jean B Corrielus/<br>Primary Examiner.Art Unit 2611 | 2/12/10 | O.G. Print Claim(s)          | O.G. Print Figure |
| (Primary Examiner)                                   | (Date)  | 17                           | 9                 |